MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04248

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 6890 Lanham Lane S.E.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Riley (Last) Barber

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-8-1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired: MATE (STATE OF MD) (TIDE WATER FISHRIES BOAT)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Riley S. Barber
14. MOTHER'S MAIDEN NAME: Adelia DaHERTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: 115-03-1617
17. INFORMANT & ADDRESS: GRACE M. BROOKS-5707-59 ST. N.W. WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Diabetic Gangrene
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1953, to 4/9, 1953, that I last saw the deceased alive on 4/9, 1953, and that death occurred at 9 50 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Chloe B. Wshafer MD
ADDRESS Leland Memo Hosp. Riverdale. MD
DATE SIGNED 4/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 4/11/1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) Colmar Manor, Pr. Geo. (State) MD

DATE REC'D BY LOCAL REGISTRAR April 10 1953
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04241

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Park — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Park.
STREET ADDRESS (If rural, give location) 5110 2 Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ANN (Last) BARLOW

4. DATE OF DEATH: (Month) April (Day) 20th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 12/1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): England.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shakley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Estelle R. Davis 5110 2 St S.E. Wash 20 DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset and Death: 8 Hrs.

420.0

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE — 8 Yrs.

(c) CHRONIC GASTRO-ENTERITIS — 6 Mo.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1952, to April 20, 1953 that I last saw the deceased alive on April 20, 1953, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney N. Lowry M.D. 3829 Penna. Ave. SE Washington 4/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/21/53 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county) (State): New Bedford Mass

DATE REC'D BY LOCAL REG.: Apr. 21, 1953 — REGISTRAR'S SIGNATURE: Carrie S. Campbell

24. FUNERAL DIRECTOR — ADDRESS: W. S. Chambers Co. 517 11th St SE

RECEIVED
APR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04250

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
STREET ADDRESS (If rural give location) 516 - 70th St.

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Samuel (Last) Beaghan
4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 10, 1910
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Shenandoah, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jacob Beaghan
14. MOTHER'S MAIDEN NAME: Margaret Dorrough

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Peggy Estes - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma of neck and mediastinum
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (Pathologist unable to give type or origin from tissue examination)
DUE TO
(c)

Interval Between Onset And Death

200.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 16 53
19b. MAJOR FINDINGS OF OPERATION Biopsy of neck glands.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1953, to Apr 17, 1953 that I last saw the deceased alive on April 19, 1953, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) Jerry G. Hadley MD - 6th St SW - Wash. DC
ADDRESS
DATE SIGNED 4-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/20/53
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Shenandoah (State) Va.

DATE REC'D BY LOCAL REGISTRAR 4-17-53
REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3545

1

RECEIVED
APR 23 1953
BUREAU V.

04251

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4401-37th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4401-37th Street

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) May (Last) Beall

4. DATE OF DEATH (Month) Apr. (Day) 1 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7-28-75
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife Ret.
10b. KIND OF BUSINESS OR INDUSTRY RR. Wash. Terminal
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Bell
14. MOTHER'S MAIDEN NAME Ellen Elizabeth Edelin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Son - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral compression

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro-vascular accident

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney M.D. Dep. Med. Exam. ADDRESS Cheverly, Md. DATE SIGNED April 1-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-4-53
NAME OF CEMETERY OR CREMATORY Emanuel Cemetery
LOCATION (City, town, or county) Scaggsville Md. (State)

DATE REC'D BY LOCAL REG. April 1, 1953
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR The S. H. Hines Co. Wash. D.C. ADDRESS 2901-14th St NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 6 1953
BUREAU V.

04252

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt Md. LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Q. Hillside Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt Md.
STREET ADDRESS (If rural, give location) 20 Q. Hillside Rd.

3. NAME OF DECEASED (Type or Print) (First) Beulah (Middle) Irene (Last) Bell
4. DATE OF DEATH (Month) (Day) (Year) April 30, 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 31, 1866
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME (First Name Unknown) Conkling
14. MOTHER'S MAIDEN NAME Margaret Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Sra E. Bell, 20 Q. Hillside Rd. Greenbelt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331K Immediate cause	(a) Cerebral hemorrhage	20 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	9 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1953, to April 30, 1953, that I last saw the deceased alive on April 23, 1953, and that death occurred at 8 05 A.m., from the causes and on the date stated above.

SIGNATURE Hans Wodak (Degree or title) M.D. ADDRESS 30-C Ridge Rd. Greenbelt, Md. DATE SIGNED 4-30-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 1, 1953
NAME OF CEMETERY OR CREMATORY Cold Springs Cemetery
LOCATION (City, town, or county) (State) Cold Spring N.J.
DATE REC'D BY LOCAL REG. April 30-1953
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR W. W. Chambers Co. Riverdale Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
MAY 4 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3308 Otis. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Decatur (Last) Bennett

4. DATE OF DEATH (Month) Apr. (Day) 30 (Year) 1953

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 24 Nov 1874

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Decatur Bennett

14. MOTHER'S MAIDEN NAME Ida Patience Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 578-10-3318

17. INFORMANT AND ADDRESS Mrs Eva B. Leverone 3308-Otis street Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
241X Immediate cause	(a) Acute Cardiac Dilation	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma	Life
	(c) Generalized arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951 15, to 30 April, 1953 that I last saw the deceased alive on 30 April, 1953 and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE Thomas E. Mattingly (Degree or title) M.D. ADDRESS 2200 R.I. ave NE Washington 18, DC DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/4/53 NAME OF CEMETERY OR CREMATORY Glenwood Cemetery LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REG. May 2 1953 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Malley's Funeral Home Inc. ADDRESS 3200-R.I. ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
MAY 4 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]354

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood — LENGTH OF STAY (in this place) Life.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Trueman (Middle) Edward (Last) Boswell.

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 15, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farm

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Boswell.

14. MOTHER'S MAIDEN NAME: Mary Elizabeth (nee Jones)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Percy Hall (nephew) Westwood, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	2 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	Unk
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 4 days.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948 to Apr. 17, 1953, that I last saw the deceased alive on 15 Apr., 1953, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE R B Tasser MD (DEGREE OR TITLE) ADDRESS Upper Marlboro Md DATE SIGNED Apr 17 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/21/53 — NAME OF CEMETERY OR CREMATORY Mt. Carmel — LOCATION (City, town, or county) Upper Marlboro (State) Md.

DATE REC'D BY LOCAL REG. Apr. 21/53 — REGISTRAR'S SIGNATURE F H Billingsley

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]955

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5506-38th Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) L. (Last) Brown

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-29-1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Clerk - Gov't
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Brown
14. MOTHER'S MAIDEN NAME: Mary S. Salzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mary M. Brooke 5506-38th Ave. Hyattsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
33, X
Immediate cause (a) Cerebral Vascular Accident
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

Interval Between Onset And Death: 3-25-53

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1953, to 4-6, 1953 that I last saw the deceased alive on 4-6, 1953, and that death occurred at 8:15 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) George J. Hagerty M.D. ADDRESS 3717-38th Ave DATE SIGNED 4-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-8-1953
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR April 8th 1953
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/B

M

1

T

APR 13 1993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (RURAL)
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 17280 1'st St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) (Last) BROWN
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10/22/88
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Lynchburg, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Burke
14. MOTHER'S MAIDEN NAME: Elizabeth Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171X
Immediate cause (a) Carcinoma of the cervix, grade IV — INTERVAL BETWEEN ONSET AND DEATH: 9 months
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
002X1 (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.6. 1953, to 4.30. 1953, that I last saw the deceased alive on 4.30.53, 1953, and that death occurred at 8.45 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinncave (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 4/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 4/30/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 4/30/53
REGISTRAR'S SIGNATURE Alol Wein
24. FUNERAL DIRECTOR McGuire Funeral Service ADDRESS Washington DC 1820 - 9th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 5 1953
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince George — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly

LENGTH OF STAY (in this place) 4 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY P.G.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Buck

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: April 25, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days, Hours 4, Min. 18 IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Owen Allen Buck.

14. MOTHER'S MAIDEN NAME: Anne Elizabeth Welch.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
76 min. Immediate cause	(a) Respiratory Failure	7hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Atelectasis - bilateral	life
	DUE TO (c) Prematurity - 28-30 wks	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Sept, 1953, to 23 Sept, 1953, that I last saw the deceased alive on 25 April, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R.M. Carver M.D. Upper Marlboro Md Apr 25-1953

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF May 5/53

NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp

LOCATION (City, town, or county) Cheverly (State) Md

DATE RECD BY LOCAL REG. 5/7/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W Penn Jr Dept. ADDRESS

2043276302

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Union
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westfield
STREET ADDRESS (If rural, give location) 606 Cumberland st.

3. NAME OF DECEASED (Type or Print): (First) John (Johanes) (Middle) Alexander (Last) Carlson

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Dec 12, 1885

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder Construction

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Carl Johanson

14. MOTHER'S MAIDEN NAME: Anna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 144-10-2242

17. INFORMANT AND ADDRESS: Grace Helen Carlson Westfield New Jersey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Thrombosis
(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Malarkey M.D. Cheverly Hyattsville, Md 4-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 4/9/53 | NAME OF CEMETERY OR CREMATORY Westfield | LOCATION (City, town, or county) New Jersey (State)

DATE REC'D BY LOCAL REG. April 9 | REGISTRAR'S SIGNATURE Amanda Dorsey | 24. FUNERAL DIRECTOR F Boscherone Hyattsville Md | ADDRESS

1953 April 11 John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Camp Springs)
LENGTH OF STAY (in this place) 16 months since Dec. 8, 1951
HOSPITAL OR INSTITUTION OR STREET ADDRESS — — —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Camp Springs)
STREET ADDRESS (If rural, give location) 5205 Hamlet Street

3. NAME OF DECEASED (Type or Print) (First) Ora (Middle) (None) Robey (Last) CLINGAN

4. DATE OF DEATH (Month) April (Day) 17, (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH February 24, 1895

9. AGE last birthday 58 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in Office of Brown & Banes Inc.

10b. KIND OF BUSINESS OR INDUSTRY Wholesale Tea & Coffee Merchants

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S. of A.

13. FATHER'S NAME John Edward ROBEY

14. MOTHER'S MAIDEN NAME Annie Elizabeth DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 577-07-1238

17. INFORMANT AND ADDRESS Fannie M. Ryan, (Sister) 5205 Hamlet Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
174 X Immediate cause	(a) Carcinoma of Uterus c̄ Metastases	over 5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) — — —	— —
	(c) — — —	— —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION — — —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 6, 1953, to April 17, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 3 00 a.m., from the causes and on the date stated above.

SIGNATURE Walcutt W. Gibson, M.D. (Degree or title) ADDRESS 2412 Minnesota Avenue, S.E. Washington 20, D.C. DATE SIGNED April 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4-20-53

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. April 17-53

REGISTRAR'S SIGNATURE Howard J Beall

24. FUNERAL DIRECTOR J Wm Lee's Sons Co ADDRESS 300 4th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04260

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 35 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6610 POPLAR AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural give location) 6610 POPLAR AVE

3. NAME OF DECEASED: (Type or Print) (First) PERRY (Middle) O. (Last) COLLINS

4. DATE OF DEATH: (Month) APR (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC 24, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: RETIRED HOUSE PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: GEN PAINTER

11. BIRTHPLACE (State or foreign country): WASHINGTON, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PERRY C. COLLINS

14. MOTHER'S MAIDEN NAME: STEWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT & ADDRESS: MRS. W.E. SHECKELS, 937 BONIFANT ST. SILVER SPRING, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) DUE TO Hypertensive-Arteriosclerotic Cardiovascular Disease

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: unknown.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis left femoral artery — 2 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1953, to 4-11, 1953, that I last saw the deceased alive on 3-25, 1953, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree of title): Morris Perry M.D.

ADDRESS: 11602 Georgia Ave. Silver Spring

DATE SIGNED: 4-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: APR. 13, 1953

NAME OF CEMETERY OR CREMATORY: FT. LINCOLN CEMETERY

LOCATION (City, town, or county): BLADENSBURG Rd AT D.C. LINE (State) Md.

DATE REC'D BY LOCAL REGISTRAR: April 15 1953

REGISTRAR'S SIGNATURE: James Sevey

24. FUNERAL DIRECTOR: Arthur J. Walters

ADDRESS: 254 CARROLL ST. N.W. TAKOMA PARK 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 16

This certificate approved
by Dr. John T. Maloney, Dep
Med Examiner
[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 215

1. PLACE OF DEATH
COUNTY PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE, MD. — LENGTH OF STAY (in this place) 9 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2415 LEWISDALE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY P.G. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEWISDALE
STREET ADDRESS (If rural, give location) 2415 LEWISDALE DRIVE

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) McKIM (Last) COXEN

4. DATE OF DEATH (Month) APRIL (Day) 20 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER.

8. DATE OF BIRTH MAY 16 1874

9. AGE last birthday 78 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED (PAINTER)

10b. KIND OF BUSINESS OR INDUSTRY U.S. GOV'T.

11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME ~~UNKNOWN~~ ELIZABETH FENNIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS ~~2415~~ 3613 ELLA C. COXEN - JEFFERSON - HYATTSVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Coronary arteriosclerotic heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis cerebral
(c) Arteriosclerosis, general, advanced

Interval Between Onset and Death: Months/Days/Hours — Not determined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 April, 1953, to 20 April, 1953, that I last saw the deceased alive on 18 April, 1953, and that death occurred at 9:35 A. m., from the causes and on the date stated above.

SIGNATURE: John F. Brennan Jr. (Degree or title) M.D. — ADDRESS 1904 Michigan Ave, N.E. Washington D.C. — DATE SIGNED 20 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 4/23/53 — NAME OF CEMETERY OR CREMATORY CONGRESSIONAL — LOCATION (City, town, or county) WASHINGTON — (State) D. C.

DATE REC'D BY LOCAL REG. Apr 20 1953 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere, Deputy Local Registrar

24. FUNERAL DIRECTOR W. W. CHAMBERS CO. — ADDRESS RIVERDALE, MD.

APR 23 1953

3667

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie and Laurel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Pr. Geo COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
STREET ADDRESS (If rural, give location) Bowie & Laurel Road

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Craig

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 19[illegible]

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 3-23-53

9. AGE last birthday yrs. If under 1 year Months Days 27 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Dorothy Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Watkins Lee Young

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

7[illegible]3.0 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary edema

(c) Diffuse broncho pneumonia.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md DATE SIGNED 4-19-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 4-20-53 NAME OF CEMETERY OR CREMATORY Stewart Funeral Home LOCATION (City, town, or county) 30-H St N.C. Washington (State)

DATE REC'D BY LOCAL REG. 4-20-53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Stewart Funeral Home ADDRESS as above

9V3399V99V4-21-53 Mrs. Agnes M. Yingling

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416A

11,14,15: film #153 5-7-53 L

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freehold
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) F (Last) Creter
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH Feb 11, 1913
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY New Car Co
11. BIRTHPLACE (State or foreign country) Jersey City, N. J.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Creter
14. MOTHER'S MAIDEN NAME Florence D. Sera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary Creter, Freehold, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
722X Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed chest and abdomen	
	(c) Fracture of bone of skull	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 301
(CITY OR TOWN) Upper Marlboro (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) April (Day) 20 (Year) 53 (Hour) 5:30 P.M.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Driver of a truck that ran off road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 4-21-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 23 April 1953
NAME OF CEMETERY OR CREMATORY Clover Leaf Cemetery
LOCATION (City, town, or county) Woodbridge (State) N. J.

DATE REC'D BY LOCAL REG. 21 April 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Gasch's Sons ADDRESS Hyattsville, Md.

April 24 1953. John F. Danner

APR 1953
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (in this place) 2 1/2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22-E Parkway Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 22 E Parkway Road.

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Susan (Last) D'Amico

4. DATE OF DEATH (Month) (Day) (Year) 4-29 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-9-26
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Navy Personnel
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles J. Ritter
14. MOTHER'S MAIDEN NAME Eleanor Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-20-2888
17. INFORMANT AND ADDRESS Mother Greenbelt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

12 IX Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral laceration

(c) Gun shot wound of head.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Greenbelt (COUNTY) Pr Geo (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-29-53 P. m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Gunshot wound of head -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) ADDRESS Cheverly Md - April 29, 1953. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) 2-2-2
DATE THEREOF 5/2/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 5/2/53
REGISTRAR'S SIGNATURE Amanda Dorone
24. FUNERAL DIRECTOR F. Gosche sons Hyattsville Md. ADDRESS

John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22-E. Parkway Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Canastota
STREET ADDRESS (If rural, give location) 408 Spencer St

3. NAME OF DECEASED (Type or Print) (First) Vincenzo (Middle) Joseph (Last) D'Amico
4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-10-21
9. AGE last birthday 32 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jaborer
10b. KIND OF BUSINESS OR INDUSTRY Oneida Product Co
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Carmello D'Amico
14. MOTHER'S MAIDEN NAME Carmella seminara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 122-03-4717
17. INFORMANT AND ADDRESS Leanor Kitler Greenbelt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock.

471 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral laceration.

(c) Gunshot wound of head.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Lipt. Dwyer (CITY OR TOWN) Greenbelt (COUNTY) Pr Geo (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-29-53 8 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted gunshot wound of head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney - M.D. - Dep. Med. Exam. ADDRESS Cheverly Md DATE SIGNED 4-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF 4/30/53
NAME OF CEMETERY OR CREMATORY Canastota
LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. April 30
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasche sons Hyattsville ADDRESS Md

1953 < John D. Smith cmc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY. 4 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY 19 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6113 Arbor Street

3. NAME OF DECEASED (Type or Print): (First) MacRae (Middle) Donald (Last)
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-12-1881
9. AGE (last birthday): 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Employe
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Richard J. Donald
14. MOTHER'S MAIDEN NAME: Sara M. Perry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

47 X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia (c) Lobar Pneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Cheverly-Hyattsville Md 4-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 4/6/53 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 4-4-53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR F Gaschione Hyattsville Md ADDRESS

APR 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

67

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 5805 Queens Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2254 Cathedral Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) J. (Last) Mullen
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 43

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: July 26, 1872
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wash. D. C.
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: [illegible] J. C. Mullen
14. MOTHER'S MAIDEN NAME: Elizabeth Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Sacred Heart Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — one month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Basis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1941, to April 17, 1943, that I last saw the deceased alive on April 16, 1943, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas J. Mullen, Ind. ADDRESS: 222 H St NE Wash DC — DATE SIGNED: 4/17/43

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-20-43
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Washington, DC.

DATE REC'D BY LOCAL REG.: April 18, 1943
REGISTRAR'S SIGNATURE: James O'Brien
24. FUNERAL DIRECTOR: Francis J. Collins
ADDRESS: 3821-14th ST. N.W. WASH. D.C.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]68

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5108 Berwyn Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Prince Georges County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn Md
STREET ADDRESS (If rural give location): 5108 Berwyn Road

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Roosevelt (Last) Edmiston

4. DATE OF DEATH: (Month) (Day) (Year) April 13, 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec 5, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Navy Dept.

11. BIRTHPLACE (State or foreign country): U. S. Govt.

12. CITIZEN OF WHAT COUNTRY? Pennsylvania

13. FATHER'S NAME: John Edmiston

14. MOTHER'S MAIDEN NAME: Clara Loder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): ~~WW 1~~ WW 1

16. SOCIAL SECURITY No.: 215 26 3627

17. INFORMANT & ADDRESS: Mrs Theodore Roosevelt Edmiston Wife
Add. same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL ACCIDENT — Interval Between Onset And Death: 52 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO ESSENTIAL HYPERTENSION — ? years

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10 ,1949, to 4/13 , 1953, that I last saw the deceased alive on 4/13 , 1953, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
6 Louis Mendel M.D. College Park Md 4/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 16 April 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REGISTRAR: April 15th 1953 — REGISTRAR'S SIGNATURE: Amanda Downey / John D. Smith-Clerk

24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville — LENGTH OF STAY (In this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8421 - Leona Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville
STREET ADDRESS (If rural, give location): 8421 - Leona Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Bernard (Last) Farrell
4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1953
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 6, 1884
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Grove Dryer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles B Farrell
14. MOTHER'S MAIDEN NAME: Sarah Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Sara M Fleishman same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of head of pancreas

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T. T. Bond (Degree or title) M.D. — ADDRESS: Forestville Md — DATE SIGNED: 4-24-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr 28, 1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county): Suitland, Md (State)

DATE REC'D BY LOCAL REG.: April 24-53 — REGISTRAR'S SIGNATURE: Howard F Beall
24. FUNERAL DIRECTOR: J. Wm Lee Sons Co — ADDRESS: Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY: Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
LENGTH OF STAY (in this place): 3 Tyrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 5105 Kenesaw St.

3. NAME OF DECEASED (Type or Print) (First) Evie (Middle) Mae (Last) Fleshman
4. DATE OF DEATH (Month) April (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-21-1882
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E. Doyle
14. MOTHER'S MAIDEN NAME: Katherine C. Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-16-2745
17. INFORMANT: John H. Fleshman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4/1/24 Immediate cause	(a) Coronary occlusion	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-renal disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1957, to April 24, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE: Hans Wodak (Degree or title) M.D. ADDRESS: 30-C Bridge Rd, Greenbelt Md DATE SIGNED: 4-25-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 27 April 1953
NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery
LOCATION (City, town, or county): Laurel (State): Md.

DATE REC'D BY LOCAL REG.: 4-26-53
REGISTRAR'S SIGNATURE: Amanda Downey F. John D. Smith-coc
24. FUNERAL DIRECTOR: Gasch Sons ADDRESS: Hyates. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3682

RECEIVED
APR 29 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1871

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN River dale, Md.
STREET ADDRESS (If rural, give location) 5010 Nicholson St.

3. NAME OF DECEASED: (Type or Print) (First) Nicola (Middle) (Last) Gentile

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 19 53

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Building
10b. KIND OF BUSINESS OR INDUSTRY: Construction Self
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lorenzo Gentile
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 155-16-1181
17. INFORMANT & ADDRESS: Geo G. Gentile Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 600.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 mos
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic pyelonephritis	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. adenocarcinoma of the descending colon partially resected 3 mos ago at Georgetown Univ. 4 mos

19a. DATE OF OPERATION: Feb - 1953
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF DESCENING COLON (PALLIATIVE COLOSTOMY MADE)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 April, 1953, to death, 19....., that I last saw the deceased alive on 29 April, 1953, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE John Kehoe MD (DEGREE OR TITLE) ADDRESS 3404 CHEVERLY AVE, CHEVERLY MD DATE SIGNED 30 April 1953

23. BURIAL, CREMATION REMOVAL (Specify): transportation DATE THEREOF 4/30/53 NAME OF CEMETERY OR CREMATORY Bonici De Capua Fun. Home LOCATION (City, town, or county) 269 Mt. Prospect Ave Newark New Jersey (State)

DATE REC'D BY LOCAL REG. 30 April 1953 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F Gascha Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 18-51

RECEIVED
MAY 6 1953
BUREAU V. S.

(M)

3672

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 2826 Bladensburg Rd. N.E.

3. NAME OF DECEASED (Type or Print): (First) Indra (Middle) (Last) Gordon

4. DATE OF DEATH: (Month) 2 (Day) 4 - 20 (Year) -53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 22 Feb 1892
9. AGE last birthday: 61 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. L. Chadwell
14. MOTHER'S MAIDEN NAME: Nora Rush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hosp - Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

204.0 Immediate cause (a) Chronic hypertensive heart disease

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 19 49, to 3-20, 19 53, that I last saw the deceased alive on 4-20, 19 53, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. Dent Clark. Hyattsville Md 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 22 April 1953
NAME OF CEMETERY OR CREMATORY Fairmount Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REG. April 23 1953
REGISTRAR'S SIGNATURE Amanda Downey
21. FUNERAL DIRECTOR E. Bosch's Sons ADDRESS Hyattsville, Md.

VS. A-15

APR 27 1953
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3806 - 30th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Rainier
STREET ADDRESS (If rural, give location) 3806 - 30th Street

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) May (Last) Hagen

4. DATE OF DEATH: (Month) 4 - (Day) 11 - (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 9 1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months — If under 24 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-binder

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hackley

14. MOTHER'S MAIDEN NAME: Rose Ella Mc Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ethel G. Mc Gaha - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gunshot wound of head	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Mt. Rainier — (COUNTY): Pr. Geo. — (STATE): Md

TIME OF INJURY (Month) 4 (Day) 11 (Year) 53 (Hour) 8 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self inflicted wound of head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney M.D. — (Degree or title) — ADDRESS: Cheverly, Md. — DATE SIGNED: April 12, 1953

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: April 14, 1953 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: APR 14 1953 — REGISTRAR'S SIGNATURE: James Divver

24. FUNERAL DIRECTOR: F. Bosche & Sons — ADDRESS: Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04274

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15. 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Gertrude (Last) Harding

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 31 1884

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Somerville Harding

14. MOTHER'S MAIDEN NAME: Susie J. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Harry Harding Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis	Hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Arteriosclerosis	5 yrs.
DUE TO		
(c)	Hypertension	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 3 yrs.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8 1945, to 4/26 1953, that I last saw the deceased alive on 4/26 1953, and that death occurred at 1.35 P.M. from the causes and on the date stated above.

SIGNATURE J. M. Warren (DEGREE OR TITLE) MD ADDRESS Laurel — DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF April 29, 53 — NAME OF CEMETERY OR CREMATORY Lyn Hill Cemetery — LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. April 29-53 — REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR De Witt Donaldson — ADDRESS Laurel, Md

MAY 1 1953
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 6852 Allentown Rd.

3. NAME OF DECEASED: (First) Bertha (Middle) (Last) Harrison
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	June 8-1886.	66. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife.	At Home	W. Va.	U.S.A.

13. FATHER'S NAME: John B. Buckland.
14. MOTHER'S MAIDEN NAME: Martha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no none	none	James W. Harrison 6852 Allentown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis - Myocardial Infarct	24 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	4 Yrs.
DUE TO		
	(c) Obesity	12 Yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1953, to April 28, 1953, that I last saw the deceased alive on April 28, 1953, and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE W. Suit Ritchie (DEGREE OR TITLE) M.D. ADDRESS 7005 Ritchie Road SE Wash 27 D.C. DATE SIGNED 4-28-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/1/53	Washington	Lanham Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 29-53	Carrie F. Campbell	W. W. Chambers Co.	517 11th St SE

DC

MAY 1 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]976

CERTIFICATE OF DEATH

Reg. Dist. No. 24-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Avondale
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4811 Russell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
STREET ADDRESS (If rural give location) 4811 Russell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Adam (Middle) Vincent (Last) Hauser

4. DATE OF DEATH: (Month) Apr. (Day) 17, (Year) 1953.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 6 1903 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't. Federal Reserve
11. BIRTHPLACE (State or foreign country): Lancaster, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: E. Hauser
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Catherine E. Hauser 4811 Russell Ave., Avondale, Md. (wife.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary heart disease terminal
DUE TO Large myocardial infarction.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Previous myocardial " nov 1952.
DUE TO
(c)

Interval Between Onset And Death: minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none otherwise had good health.-

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1952, to April 17, 1953, that I last saw the deceased alive on April 13, 1953, and that death occurred at 1.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard T Sullivan MD. ADDRESS 900-17th St NW Wash DC. DATE SIGNED 4/17/53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF April 20 1953 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REGISTRAR April 1, 1953 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR W.W. Chambers Co., | ADDRESS Wash, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Rainier
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4308 - 28th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4308 - 28th Place.

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) Caroline (Last) Hawkins

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1953

5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid
8. DATE OF BIRTH 9-9-83
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME James Monroe Potter
14. MOTHER'S MAIDEN NAME Annie Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Adams Stanyak. Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral compression

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro-vascular accident.

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. (Degree or title) ADDRESS Cheverly, Md. DATE SIGNED April 20, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 21 April 1953
NAME OF CEMETERY OR CREMATORY Upp Fun. Home Inc.
LOCATION (City, town, or county) (State) Wilmington, No. Carolina

DATE REC'D BY LOCAL REG. 4-21-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

April 23, 1953 James Devey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 2 L Eastway

3. NAME OF DECEASED (Type or Print) (First) CRESSON (Middle) BLACKBURN (Last) HENDERSON

4. DATE OF DEATH (Month) April (Day) 24th, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 10th 1915
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finger Print Analyst
10b. KIND OF BUSINESS OR INDUSTRY Dept. of Justice
11. BIRTHPLACE (State or foreign country) San Antonio, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Washington Henderson
14. MOTHER'S MAIDEN NAME Willie Owen Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Katherine L. Henderson, 2 L Eastway Greenbelt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute gastritis and acute peritonitis

(c) Consumption of Lye

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Greenbelt (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-23-53 5 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drank solution of Lye and water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE John J Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 4-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/26/1953
NAME OF CEMETERY OR CREMATORY Roselawn Cemetery
LOCATION (City, town, or county) San Antonio, Texas (State)

DATE REC'D BY LOCAL REG. 4-25-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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APR 29 19
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 3407 M st N.W.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) CECIL (Last) HENDERSON
4. DATE OF DEATH (Month) April (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 11 1952
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Cecil Henderson
14. MOTHER'S MAIDEN NAME: Edna Pillow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: James C. Henderson father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid and subdural hemorrhage

936.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple contusions of the face

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 407 - 65th St
(CITY OR TOWN) Maryland Park (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) 4 (Day) 24 (Year) 53 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Undetermined

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE: James F. Boyd (Degree or title) M.W. — ADDRESS: Forestville Md — DATE SIGNED: 4-24-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 27-53 — NAME OF CEMETERY OR CREMATORY: Forestville — LOCATION (City, town, or county): Fairfax Co (State): Virginia

DATE REC'D BY LOCAL REG.: 4-24-53 — REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 3072 M st N.W.

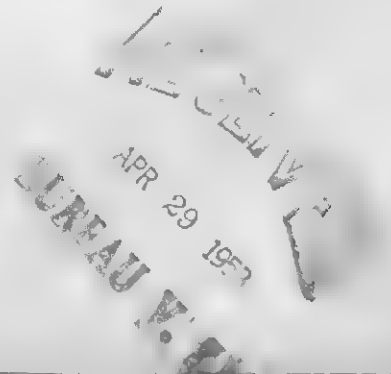
9V929+V9+V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Case still under investigation by police. 5-13-53 ams



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

64280 245

Reg. Dist. No. #245

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHILLUM, HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 825-RITTENHOUSE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHILLUM.
STREET ADDRESS (If rural, give location) 825-RITTENHOUSE ST.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) V. (Last) HILINSKI

4. DATE OF DEATH (Month) APRIL (Day) 24th (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1-26-1897
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MT. PLEASANT, PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME FRANK YOUSKO
14. MOTHER'S MAIDEN NAME JULIA. HUDAK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Felix Hilinski 825-Rittenhouse St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: minutes / years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Two previous CVA Myocardial Infarction — Jan. 1953 / Nov. 1952

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to April 24, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Curtin M.D. ADDRESS 900 17th St. N.W. Wash. D.C. DATE SIGNED 4/28/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 4/27/53 NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL LOCATION (City, town, or county) (State) ARLINGTON, VA.

DATE REC'D BY LOCAL REG. 4-24-53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Timothy Hanlon Funeral Home ADDRESS 3831 Ga Ave NW

April 25 - 1953 James Devers

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Pr Geos Co

City or town: Camp Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Years

Hospital, institution, or street address where death occurred.
5591 Branch Ave S.E. Wash 23 DC

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr. Geos Co

City or town: Camp Springs Md
(If outside city or town limits, write RURAL and give nearest town)

Street No: 5591 Branch Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Eudora Blanche Hussong

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband ~~or wife~~: Albert C Hussong

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 6 1879

8. AGE: Years 73 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Noth Sewickley Beaver Co Pa
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Own Home

MOTHER FATHER

12. Name: Christopher C Hazen

13. Birthplace: Pa

14. Maiden name: Lora De Frain

15. Birthplace:

16. Informant: Mr A.C. Hussong

Address: 5591 Branch Ave SE Wash 23 D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 11-53 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Maryland

18. Funeral director: Simmons Bros

Address: 2007 Nichols Ave SE DC

19. April 9 1953 Howard C Beall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 9 1953 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1948 to April 9 1953

and that I last saw her alive on April 8 1953

Immediate cause of death: 444X

	DURATION
Rectal Hemorrhage	24 Hrs
Due to: Rhexis rectal Vessels	24 Hrs
Due to: Essential Hypertension	5 Yrs
Other conditions: Hemiphlegia left	1 Year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN. Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. Suit Ritchie M.D.
M. D. or other

Address: 7005 Ritchie Rd SE Wash 27 DC Date signed: 4/9/53

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lincoln Burnt Vista
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lincoln
STREET ADDRESS (If rural, give location) Lincoln Road

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) (Last) Johnson

4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1953

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 1-20-1877

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.C.

13. FATHER'S NAME James R. Marshall

14. MOTHER'S MAIDEN NAME Martha Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mary E. Prater - 1718 15th St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c) Essential hypertension

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney (Degree or title) M.D. ADDRESS Cheverly-Hyattsville, Md. DATE SIGNED 4-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 4-2-53

NAME OF CEMETERY OR CREMATORY McGuire Funeral Home

LOCATION (City, town, or county) 1820 9th St. N.W. Washington D.C. (State)

DATE REC'D BY LOCAL REG. 4-2-1953 4-6-53

REGISTRAR'S SIGNATURE Amanda Downey Agnes M. Yingling

24. FUNERAL DIRECTOR The McGuire Funeral Home 1820 9th St. N.W.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3645

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY ~~Prince Georges~~ ~~Bowie Pr. Geo~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George B. (Middle) Johnson (Last)

4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track conditioner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Johnson
14. MOTHER'S MAIDEN NAME Christina Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 717-07-6584
17. INFORMANT Elsie C. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

Antecedent cause(s) (b) Hypertensive cardiovasc. Disease — years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Acute Myocardial Infarction — 10 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE T. Richard Conner (Degree or title) M.D. ADDRESS Bowie, Md DATE SIGNED April 18, 1953

23. BURIAL, CREMATION REMOVAL (Specify) DATE 4-22-53 NAME OF CEMETERY OR CREMATORY Ascension LOCATION (City, town, or county) Bowie Md (State)

DATE REC'D BY LOCAL REG. Apr. 21, 1953 REGISTRAR'S SIGNATURE Mrs Agnes M. Yingling
24. FUNERAL DIRECTOR Martin Fladung Sons ADDRESS Bowie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

1 PLACE OF DEATH; COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANHAM DALE
LENGTH OF STAY (in this place) 3 WEEKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7702 FINNS LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANHAM DALE
STREET ADDRESS (If rural give location) 7702 FINNS LANE

3 NAME OF DECEASED: (Type or Print) First: JAMES (Middle) RANDOLPH (Last) KEETON

4. DATE OF DEATH: (Month) APRIL (Day) 23, (Year) 1953.

5. SEX: M | 6 COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: MAR 19, 1878. | 9. AGE last birthday: If UNDER 1 YEAR Months Days | If UNDER 24 HRS. Hours Min. 75 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life. RETIRED ELECTRICIAN | 10b. KIND OF BUSINESS OR INDUSTRY: HOTEL ELECTRICIAN | 11. BIRTHPLACE (State or foreign country) HELENWOOD, TENN. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: SARAH PHILLIPS

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk) YES (If Yes, give war or date of service) SPANISH-AMER. | 16. SOCIAL SECURITY NO.: 709-12-4947-A | 17. INFORMANT & ADDRESS: Mrs. MARY E. KEETON, LANHAM, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Pulmonary malfunctioning and pleural effusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Pulmonary Malignancy

(c)

Interval Between Onset And Death 1 yr +

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION 0 | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0 | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946, to April 18, 1953, that I last saw the deceased alive on April 18, 1953 and that death occurred at 1245 AM, from the causes and on the date stated above.

SIGNATURE C. M. Nolan (Degree or title) M.D. ADDRESS 5 N Wilkinson Ave DATE SIGNED 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr. 27, 1953 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) Arlington, (State) Va

DATE REC'D BY LOCAL REGISTRAR 4/24/53 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Arthur Fowler ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

VS. A15

APR 29 1953
BUREAU

3680

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista - Lanham P.O.
STREET ADDRESS (If rural, give location) Box 212

3. NAME OF DECEASED (Type or Print) (First) Buster (Middle) (Last) Kennedy

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 4-7-95
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unk
11. BIRTHPLACE (State or foreign country) Kingston S.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unk
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War I
16. SOCIAL SECURITY No. 244 20 2672
17. INFORMANT AND ADDRESS Personal Papers.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) ADDRESS Cheverly Md. DATE SIGNED April 20, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/21/53
NAME OF CEMETERY OR CREMATORY Church Cemetery
LOCATION (City, town, or county) Kingstree (State) S. Carolina

DATE REC'D BY LOCAL REG. 4/21/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John J. Rhine ADDRESS 901 3rd St. Wash. D.C. S.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND MD.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY ARMSTRONG
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) LEMMON

4. DATE OF DEATH: (Month) APRIL (Day) 13 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUG 21-1874
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): ARMSTRONG Co. PA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJMIN COOK
14. MOTHER'S MAIDEN NAME: FEBBIE PHOPE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Ni (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. EARL KERR 7113 Belwood St Dist Heights (Son in law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Acute Cardiac Decompensation — Interval Between Onset And Death: 14 Days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Occlusion Multiple — 25 Days.
DUE TO (c) Hypertensive Arterio-Sclerotic Heart Disease — 6-8 Years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2 1952 to April 13, 1953 that I last saw the deceased alive on April 12, 1953, and that death occurred at 4:53 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Sidney W. Lowry M. D. ADDRESS 7601-Gateway Blvd. DATE SIGNED Wash 28, DC 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/16/53
NAME OF CEMETERY OR CREMATORY Manor
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REGISTRAR Apr. 13-53
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

VS. All — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkway Estates — LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4812 Coopers Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkway Estates
STREET ADDRESS (If rural, give location) 4812 Coopers Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Ann	Magarkle	4	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH (Month, Day, Year)	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	12/20/52	yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) District of Columbia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harry E. Magarkle Jr. — 14. MOTHER'S MAIDEN NAME Helen Feser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

753.1 Immediate cause (a) Aspiration Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Surgery, Absence of Jaw, Tube Feeding — Death on

(c) Left Parotid

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1952, to 4/2, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas H. Hutchinson (M.D.) — College Park, Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-3-53	Valley Rose Gardens	Montgomery Co. Md

DATE REC'D BY LOCAL REG. 4-2-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Rhoda Downey — G. A. Lee — 475-H. N. W. Washington

9W-411984

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 410

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kirkwood Vil. Hyatts Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kirkwood Village, Hyatts. Md.
STREET ADDRESS (If rural, give location): 2720-Kirkwood Place

3. NAME OF DECEASED (Type or Print) (First) Eleanor (Middle) G. (Last) Marchione
4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 1953
5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2-21-1886
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ruben A Bower
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Dorothy Kenney - 1313 - Adams St NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebro-vascular accident — 20 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — Not

260X) (c) Arteriosclerosis, general — determined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1951, to April 22, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE: John F Brennan Jr (Degree or title) M.D. — ADDRESS: 1704 Michigan Ave NE — DATE SIGNED: 22 April 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr. 24 1953 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG: April 22 1953 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy Registrar) — 24. FUNERAL DIRECTOR: Timothy Hanlon — ADDRESS: 3831 - Georgia Ave. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Pr. Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest
LENGTH OF STAY (in this place) 0 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest
STREET ADDRESS (If rural give location) 5904-22nd Pl

3. NAME OF DECEASED: (Type or Print) (First) THERESA (Middle) (Last) MARINO
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 15, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Romeo
14. MOTHER'S MAIDEN NAME: Mary Martino

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mary D. Tossa - 5904-22nd Pl. Hillcrest Hgts.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 X

Immediate cause (a) Heart failure — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic passive Congestion — 3 months

DUE TO

(c) Rheumatic heart disease — 20 30 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Moderate uremia (Terminal)

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to March 31, 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 6 45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Raymond J. Tempesta M.D. ADDRESS 5 Kinney Lane SE DATE SIGNED 4/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-4-1953
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR 4/1-1953
REGISTRAR'S SIGNATURE Howard J. Beard
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 6 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]90

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince Georges Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradbury Heights
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4711 Bromley Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 419 Ingraham St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) JOSEPHINE AGNES MARTIN

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 17 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 14, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 9 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James E. Lee
14. MOTHER'S MAIDEN NAME: Elizabeth V. Parlette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Tennis F. Collier 419 Ingraham St. Wash. D.C. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 1 year

DUE TO

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Glaucoma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.2, 1953, to 4.17, 1953, that I last saw the deceased alive on 4.17, 1953, and that death occurred at 3:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank S. Pellegrini MD
ADDRESS 3409 Ala Ave SE Wash DC
DATE SIGNED 4.17.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/20/53
NAME OF CEMETERY OR CREMATORY Congressional Cem.
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR April 17-53
REGISTRAR'S SIGNATURE Howard Beall - cmc
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co.
ADDRESS 300-4th St. N.E. Washington 2, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Beltsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4401- Powder Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Blair
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Altoona
STREET ADDRESS (If rural give location) 901 - 2nd Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Ella (Last) Martz

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe.	W.	married	May 2, 1882	70 yrs.	11	20		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Waterside Bedford Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel V. Replogle
14. MOTHER'S MAIDEN NAME: Mary Ella Border

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Hester M. Wolfe 4401- Powder Mill Rd. Beltsville, Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Failure	3 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic Heart Dis	1 1/2 yr.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20 ,1953., to 4/22 , 1953 , that I last saw the deceased alive on 4/20 , 1953 , and that death occurred at .... 6:00 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo Nolen M.D. ADDRESS Riverdale, Md. DATE SIGNED 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CRUMATORY	LOCATION (City, town, or county)	(State)
Burial	4/25/53	Oak Ridge	Altoona	Pa

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 24-1953	John D. Smith	F. Basche and Hyattsville Md	

VS. A15

RECEIVED
APR 27 1
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4/25/53 - 4/25/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md.
STREET ADDRESS (If rural, give location) 4812 Montgomery Ave.

3. NAME OF DECEASED: (Type or Print) (First) Karen (Middle) JEAN (Last) McDaniels

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 8-28-51
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JIMMIE McDANIELS
14. MOTHER'S MAIDEN NAME: JUNE PUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. JUNE McDANIELS - 6310-59th Ave EAST RIVERDALE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Meningitis	4/24/53
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Otitis media	?
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 27, 1951, to 4/24, 1953, that I last saw the deceased alive on 4/24, 1953, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE George Hagiage (DEGREE OR TITLE) M.D. ADDRESS 3717-38 Mt Ave DATE SIGNED 4/25/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 4/28/1953
NAME OF CEMETERY OR CREMATORY WASH. NAT'L CEM.
LOCATION (City, town, or county) (State) SUITLAND RD - PR. GEO. CTY, MD.

DATE REC'D BY LOCAL REG. April 27 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS CO — RIVERDALE MD ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 29 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5714-16th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5714-16th Ave.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Oscar (Last) Metz

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 19 June 1913

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Beer Truck

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Oscar Metz

14. MOTHER'S MAIDEN NAME: Isabel Scrivener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 578-01-5282

17. INFORMANT AND ADDRESS: Louise W. Metz 1337 4th St. S.E. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage & Shock — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 11 (Year) 53 (Hour) 1250 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self inflicted wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Md. 4-12-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/15/53

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 4-12-53

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR & ADDRESS: The S.H. Hines Co. Washington D.C.

April 15-1953 James Devey

Item 9 FilmG153 4/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham
STREET ADDRESS (If rural give location) 41 Flower Lane

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Mogg
4. DATE OF DEATH: (Month) Apr (Day) 3, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-28-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Prosser
14. MOTHER'S MAIDEN NAME: Margaret Gwyther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles Mogg Lanham Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of colon — 1 yr

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/9, 1952, to 4/3, 1953, that I last saw the deceased alive on 4/3, 1953, and that death occurred at 9:28 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) F. S. [illegible] M.D. ADDRESS 2409 Varnum St. DATE SIGNED Tindall Hill Md 4/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) transportation
DATE THEREOF 4/4/53.
NAME OF CEMETERY OR CREMATORY New York city
LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REGISTRAR 4-4-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch & sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Lanham
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cross St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Lanham
STREET ADDRESS (If rural, give location) Cross Street

3. NAME OF [redacted] (Type or Print) (First) DONALD (Middle) LEO (Last) NEWTON

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH MAR 9, 1914

9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL

10b. KIND OF BUSINESS OR INDUSTRY Post Office

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LEO NEWTON

14. MOTHER'S MAIDEN NAME MABEL BURROUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS MRS. Carolyn Newton - Lanham, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 Yr

Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Pancreas

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 Months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1953, to Apr 4, 1953, that I last saw the deceased alive on Apr 4, 1953, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE Samuel J. Mulgar (Degree or title) Md ADDRESS 4300 Raymond Drive Mt Rainier Md DATE SIGNED 4/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr 6, 1953

NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. April 5, 1953

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md ADDRESS

Carrie F. Campbell

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04296

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 27, D.C.
STREET ADDRESS (If rural give location) 502 - 74th Place, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) COXEN (Last) Newton

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Apr. 3, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY: (RETIRED)
11. BIRTHPLACE (State or foreign country): England.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE NEWTON
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: LEONARD C. NEWTON - 7300 ANNAPOLIS RD HYATTSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Massive Gastro Intestinal Bleeding — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Esophageal varicosities — ?

DUE TO (c) Cirrhosis of liver — ?

153X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anthracosis. Carcinoma of Sigmoid — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1953, to 4/1, 1953, that I last saw the deceased alive on 4/1, 1953 and that death occurred at 10.30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) W. L. Etienne M.D. ADDRESS College Park, Md DATE SIGNED 4-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/4/1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland Rd. Pr. Geo (State) MD
DATE REC'D BY LOCAL REGISTRAR 4/1/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 517-11 ST SE WASH. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
APR 6 1973
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 1297

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly. — LENGTH OF STAY (in this place) 3 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 7311- Forest Rd

3. NAME OF DECEASED: (First) Daniel (Middle) Paul (Last) O'Connor
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	White	Single	Aug. 7- 1951	1 1/2		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Washington D.C.	

13. FATHER'S NAME: Joseph. O'Connor
14. MOTHER'S MAIDEN NAME: Martha B. Mickloe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Joseph O'Connor Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
087X		
Immediate cause	(a) DUE TO Encephalitis.	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Varicella	2 wks
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11 ..., 1953, to 4/14, 1953, that I last saw the deceased alive on 4/14., 19.53, and that death occurred at 5.05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon W. Kelly, MD — ADDRESS 6124- 45th Ave, Hyattsville Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 16 1953	Arlington Hall	Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14 1953	Amanda Doon	G. W. Chambers Co.	801- Cleveland Ave. Riverdale Md.

RECEIVED
APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4100 Utah Ave

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Jane (Last) O'Leary
4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)
8. DATE OF BIRTH: Sept 29-1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months 7 Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Wrk Cutti Eng. Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Buffalo N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harvey Gilbert Jackson
14. MOTHER'S MAIDEN NAME: Pearl Ferrior
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Shirley S. Hatch 1447 - Oaks St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized Carcinomatosis	3 weeks
	DUE TO (c)	Carcinoma rt. ovary	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 14 1953
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction - Generalized carcinomatosis
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1953, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 9:57 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Benjamin S. Miller MD Mt. Rainier, Md April 18 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/22/53
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.
LOCATION (City, town, or county) (State) Arlington Va.
DATE REC'D BY LOCAL REG. April 20 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

APR 27 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elizabeth
STREET ADDRESS (If rural, give location) 330 Court Street

3. NAME OF DECEASED (Type or Print) (First) Regor (Middle) (OSIPCIK) (Last) Osipchic
4. DATE OF DEATH (Month) (Day) (Year) 4-28 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-10-88
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY singer mfg co
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none
16. SOCIAL SECURITY No. 139-10-2402
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X Immediate cause (a) Pulmonary embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of neck of left femur

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Laurel (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-11-535 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Passenger in an auto that was in an head on collision

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John T. Maloney M.D. (Degree or title) ADDRESS Cheverly-Hyattsville, Md. DATE SIGNED 4-28-53

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF 4/29/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Elizabeth (State) New Jersey

DATE REC'D BY LOCAL REG. April 29, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Lavere Deputy
24. FUNERAL DIRECTOR F. Geacha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

04300

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2027-Rittenhouse St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2027-Rittenhouse St

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Marion (Last) Pruett
4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 195[illegible]
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-1-1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Steward
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Pruett
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Elizabeth Ann Talbert

18. MEDICAL CERTIFICATION 2207 Guilford Rd. W. Hyattsville, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med Exam - Cheverly Md 5-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/30/53
NAME OF CEMETERY OR CREMATORY Washington National Cemetery
LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REG. Apr 30, 1953
REGISTRAR'S SIGNATURE James Severs
24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Film G154 Item #7 5/13/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04301

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover, Maryland
STREET ADDRESS (If rural give location) 1113-69th Ave

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) (Last) PROCTOR

4. DATE OF DEATH (Month) (Day) (Year) April 10 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ?
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son Charles Davis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Hydrothorax: Multiple Pulmonary emboli — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease c̄ Congestive Failure — 4 mos.

DUE TO (c) Generalized Arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1953 to 4/10, 1953, that I last saw the deceased alive on 4/9, 1953, and that death occurred at 1:45 P, from the causes and on the date stated above.

SIGNATURE Ah, Etienne M.D. (Degree or title) Dr Geo Gen Hosp ADDRESS Cheverly, Md DATE SIGNED 4-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-16-53
NAME OF CEMETERY OR CREMATORY Woodmore Cem
LOCATION (City, town, or county) (State) Cush

DATE REC'D BY LOCAL REGISTRAR 4-11-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Rollins Funeral Home. ADDRESS 4339 Hunt Pl N.C. W.D.C.

VS. A15

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 23
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02302

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Beverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge Corner
STREET ADDRESS (If rural, give location) 6140 Allentown Rd. S.E

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) N. (Last) Proctor

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-28-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Laboror

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Robert Proctor

14. MOTHER'S MAIDEN NAME: Henrietta Dalley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause 420.0 (a) Acute Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arterio Sclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25 53 to 4/29 53, that I last saw the deceased alive on 4/29 53, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS College Park, Md. DATE SIGNED 4-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 5-4-53

NAME OF CEMETERY OR CREMATORY Church Cemetery

LOCATION (City, town, or county) (State) OXEN HILL Maryland

DATE REC'D BY LOCAL REG. Apr. 30/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS John T. Rhines + Co. 901 3rd S.W.

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C.303

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Douglas (Last) Rice
4. DATE OF DEATH (Month) 4 (Day) 16 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 9, 1891
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Richard Rice
14. MOTHER'S MAIDEN NAME Mary Luvnia Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Effie Tippett, Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Ford (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 4/17/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 4-18-53 NAME OF CEMETERY OR CREMATORY Bell LOCATION (City, town, or county) Red Corner (State) Md

DATE REC'D BY LOCAL REG. 4-18-53 REGISTRAR'S SIGNATURE [signature] J. H. Billingsley
24. FUNERAL DIRECTOR Hunt & Bon Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-MA

COPY SENT [illegible] DATE [illegible]

RECEIVED
APR 1 [illegible]
[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1304

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md. COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Rogers (Last) Richardson

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: December 2, 1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 4, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Richardson

14. MOTHER'S MAIDEN NAME: Mary Ellen (nee Thomas)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: (Father) John F. Richardson Naylor, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
753.1 Immediate cause	(a) Convulsion	3½ mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Micro asphaly, congenital	3½ mos
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1953, to April, 19 24, that I last saw the deceased alive on April 24 19 53, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John W Carlson, MD 5301 Hamlet St. Hyattsville, Md Apr. 25, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/27/53

NAME OF CEMETERY OR CREMATORY Mt. Carmel

LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. 4/28/

REGISTRAR'S SIGNATURE Amanda Howard

24. FUNERAL DIRECTOR Ritchie Brothers Upper Marlboro

ADDRESS Md.

R 20V234/1953 V404

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04305

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts, Md
STREET ADDRESS (If rural, give location) 4900 S St S E

3. NAME OF DECEASED: (Type or Print) (First) Nazarene (Middle) (Last) Rossi

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/10/84
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 579-03-9567A
17. INFORMANT & ADDRESS: Mary Lagana 4900 S St S.E. Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Cerebral Thromosis Right — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardio Vascular

DUE TO

(c) Renal disease Prostatic Hypertrophy Benign

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Resection

19a. DATE OF OPERATION: March 30, 1953
19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy Benign
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1953, to 4-18, 1953, that I last saw the deceased alive on 4-18, 1953, and that death occurred at 8 35 a.m., from the causes and on the date stated above.

SIGNATURE Louis B. Bachrach MD (DEGREE OR TITLE) ADDRESS 915-19 St. N.W. Wash D.C. DATE SIGNED 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/23/53
NAME OF CEMETERY OR CREMATORY Wash. Natl.
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Apr. 21 '53
REGISTRAR'S SIGNATURE Corrie F. Campbell
24. FUNERAL DIRECTOR W.W. Chambers Co. 517 11th St S.E. Wash DC
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
APR 23
BUREAU V.S.

C2306

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 8 mos., and 26 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1428 Wisconsin Avenue, N. W.

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) W (Last) Ruble

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10/31/1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown, retired.
10b. KIND OF BUSINESS OR INDUSTRY: Worked for Capitol Transit.
11. BIRTHPLACE (State or foreign country): Brownsville, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Ruble
14. MOTHER'S MAIDEN NAME: Susie Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –
16. SOCIAL SECURITY NO.: 578-10-7445
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

148X
Immediate cause (a) Carcinoma of Pharynx — INTERVAL BETWEEN ONSET AND DEATH: 11 mo
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(002X) (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 20 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1952, to 4/6, 1953, that I last saw the deceased alive on 4/6, 1953, and that death occurred at 9 35 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinugane (DEGREE OR TITLE) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 4/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/10/53
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) Washington DC. (State)

DATE REC'D BY LOCAL REG. 4/6/53
REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 1400 Chapin NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04307

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEWISDALE
LENGTH OF STAY (in this place) 7 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2007 BEACHWOOD RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEWISDALE
STREET ADDRESS (If rural, give location) 2007 BEACHWOOD ROAD

3. NAME OF DECEASED (Type or Print) (First) CARLOF (Middle) (NMN) (Last) SANTILLI

4. DATE OF DEATH (Month) APRIL (Day) 13th (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 12 OCT. 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOEMAKER
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (State or foreign country) ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME AGABITO SANTILLI
14. MOTHER'S MAIDEN NAME MARRIANO (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 579-38-7403
17. INFORMANT VINCENT SANTILLI 2007 BEACHWOOD RD LEWISDALE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction with sudden heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1953, to April 13, 1953, that I last saw the deceased alive on April 13, 1953, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] 5432 Queens Chapel Rd Hyattsville Md 4/13/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 16 APRIL 1953
NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY
LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REG. April 13, 1953
REGISTRAR'S SIGNATURE James [signature]
24. FUNERAL DIRECTOR W.W. CHAMBERS CO. ADDRESS RIVERDALE, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

APR 15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~100~~ 240

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Savoy
4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 27
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Ida E Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sussie Savoy, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.0 Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Aquasco (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 4 (Day) 5 (Year) 53 (Hour) 7:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot in chest with 32 cal bullet

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE James J. Boyd (Degree or title) MD ADDRESS Forestville Md DATE SIGNED 4-6-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 4-8-53 NAME OF CEMETERY OR CREMATORY St Peters LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 4/8/53 REGISTRAR'S SIGNATURE [signature] J. H. Billingsley
24. FUNERAL DIRECTOR Smith & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Items 8,9,11,13,14 Fil 11.4 8/14/53 vrw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C2009

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Savoy

4. DATE OF DEATH: (Month) (Day) (Year) April 28, 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Mar. 28, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 30 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland under Griffin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Savoy
14. MOTHER'S MAIDEN NAME: Lucetia Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

571.0

Immediate cause (a) Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diarrhea — 11 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1953 to 4/28, 1953, that I last saw the deceased alive on 4/28, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE John W. Perkins (DEGREE OR TITLE) MD. ADDRESS 5301 Hamilton St., Hyattsville, Md. DATE SIGNED 4/28/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 5-1-1953 NAME OF CEMETERY OR CREMATORY Holy Family Cemetery LOCATION (City, town, or county) Woodmore Maryland (State)

DATE REC'D BY LOCAL REG. Apr. 29-53 REGISTRAR'S SIGNATURE Carrie J. Campbell

24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N st. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1-15 8-51

RECEIVED
MAY 6 1953
BUREAU V. S.

C4310

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2271 Lewisdale Drive

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Frederick (Last) Schappach
4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct. 20, 1879
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Rockville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Schappach
14. MOTHER'S MAIDEN NAME Pauline Kozel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-05-8752
17. INFORMANT AND ADDRESS Ethel Orme - Daughter - Same -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral laceration	
	(c) Compound fracture of skull	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Hyattsville (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-25-53-3.30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down stairs in his home.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney, M.D. ADDRESS Dep. Med. Exam. Hyattsville, Md DATE SIGNED 4-26-53

23. BURIAL ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Apr 26, 1953 REGISTRAR'S SIGNATURE James Devage

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS #302 3821 14th Street N.W.

8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

5-11-53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH — COUNTY [illegible] MARYLAND.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Hills — LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #5

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE District of Columbia — COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 1745 [illegible]

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Marie (Last) [illegible]
4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1953
5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 21, 1915
9. AGE last birthday 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank [illegible]
14. MOTHER'S MAIDEN NAME Mary [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY No. [illegible]
17. INFORMANT AND ADDRESS [illegible] Phyllis Wilson - [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

812X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing injuries to the

(c) Head and body, and Extremities

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible]
(CITY OR TOWN) Silver Hills (COUNTY) [illegible] (STATE) Md
TIME OF INJURY (Month) 4 (Day) 25 (Year) 53 (Hour) 1 [illegible]
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 4-2[illegible]-53

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF 4/25/53
NAME OF CEMETERY OR CREMATORY Portland (Calvary [illegible])
LOCATION (City, town, or county) Maine (State)
DATE REC'D BY LOCAL REG. 4-26-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaschs Sons Hyattsville Md ADDRESS

X 4/27-53 Howard J Beall

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04312

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: 4300 Howard Rd.-Beltsville
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville,
LENGTH OF STAY (in this place) 10 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural give location) 4300 Howard Road

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Sellman

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 14, 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer For Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Sellman
14. MOTHER'S MAIDEN NAME: Margaret Hager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Edith S. Sellman Wife Same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic cardio-vascular disease with cerebral thrombosis
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1951, to March, 1953, that I last saw the deceased alive on Mar. 10, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M. D. ADDRESS College Park Md DATE SIGNED 4-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3 April 1953
NAME OF CEMETERY OR CREMATORY St John's Church Cemetery
LOCATION (City, town, or county) (State) Beltsville, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-2-1953 4-4-1953
REGISTRAR'S SIGNATURE Amanda Downey John D. Smith
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville, Maryland
F. Gasch's Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3546

VS. A15

BUREAU V. S

Item 8 FilmG153 4/23/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04313

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tracy's Landing
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) B. (Last) Sherbert

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-1-1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired): Tobacco Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Wesley Sherbert
14. MOTHER'S MAIDEN NAME: Susan Crosby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Wesley Edward Sherbert Tracy's Landing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hepatic failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Unknown DUE TO

(c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive CVR Disease — 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to 7 Apr, 1953, that I last saw the deceased alive on 6 Apr, 1953, and that death occurred at 3 53 A, from the causes and on the date stated above.

SIGNATURE: R B Tasser (Degree or title) MD ADDRESS: Upper Marlboro, Md DATE SIGNED: 7-Apr-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/9/53
NAME OF CEMETERY OR CREMATORY: Friendship Cemetery
LOCATION (City, town, or county): Friendship, (State) Md. Md.
DATE REC'D BY LOCAL REGISTRAR: 4/10/53
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Ritchie Bros. Funeral Home ADDRESS: Upper Marlboro

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1314

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradbury Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5108 R St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradbury Heights
STREET ADDRESS (If rural give location) 5108 R St.,

3. NAME OF DECEASED: (Type or Print) (First) Leo (Middle) George (Last) Sickels
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 8/26/77
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter (retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oil City, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Sickels
14. MOTHER'S MAIDEN NAME: Ella Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-05-9493
17. INFORMANT & ADDRESS: Mrs. Anna J. Sickels, 5108 R St. Bradbury Heights, Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion, acute — 3 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary heart disease — 2 weeks
DUE TO
(c) Myocardial heart disease — 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to Apr. 23, 1953, that I last saw the deceased alive on April 22 1953, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest C. Cornelsen, M.D. ADDRESS 4400 Bowen Rd. SE DATE SIGNED Wash 19, DC April 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/25/53
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Rockville, Montgomery Co., Md.
DATE REC'D BY LOCAL REGISTRAR April 30-53
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Warner E. Tumpkey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232 (01215)

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville — LENGTH OF STAY (in this place) 11 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville,
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Franklin (Last) Skelton

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 29, 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tree Nursery Manager.	Nursery (Employed:)	Pennsylvania.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Seifert Skelton	Sarah Jane Proudfoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Maud Alice Skelton (Wife) Mitchellville, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Congestive Heart Failure	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive C.V. Disease	6 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mumps, Cerebral Thrombosis.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1950, to 25 April 1953, that I last saw the deceased alive on 24 Apr, 1953, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE R B Danner (DEGREE OR TITLE) Md ADDRESS Upper Marlboro Md DATE SIGNED 25 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/29/53	Westminster Cemetery	Philadelphia	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 26 1953	John F. Danner	Ritchie Bros.	Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS TAKOMA PARK 1509 ELSON ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SARA (Middle) KEIRS (Last) SKITMORE
4. DATE OF DEATH (Month) APRIL (Day) 26 (Year) 1953
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH MAY 3 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN KIERS
14. MOTHER'S MAIDEN NAME JANET MORTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. AUDREY HYDE 1509 ELSON ST. TAKOMA PARK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
45	Immediate cause	(a) ① HYPERTENSIVE ARTERIOSCLEROTIC	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HEART DISEASE	2 YEARS.
		(c) ② GENERALIZED ARTERIOSCLEROSIS	2 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to Apr 26, 1953, that I last saw the deceased alive on Apr 26, 1953, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE: Samuel F. Sugar (Degree or title) MD
ADDRESS 4000 KAYWOOD DR HT RAINIER MD.
DATE SIGNED 4/26/53.

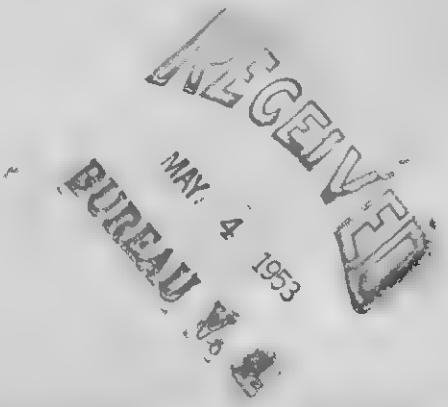
23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 4-27-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. May 1 1953
REGISTRAR'S SIGNATURE James Bevey
24. FUNERAL DIRECTOR Robert N. Humphrey
ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAY 4 1953
BUREAU OF

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
STREET ADDRESS (If rural, give location) 5309 Fisher Road

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) LEE (Last) SMITH
4. DATE OF DEATH (Month) April (Day) 27 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 29, 1909
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronics Engineer
10b. KIND OF BUSINESS OR INDUSTRY Naval Gun Factory
11. BIRTHPLACE (State or foreign country) Roanoke Rapids, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Charles Smith
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Catherine Smith 5309 Fisher Rd. Temple Hills, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
581.0 Immediate cause	(a) Cirrhosis of Liver	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
x)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1953, to Apr 27, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 11 N.P. m., from the causes and on the date stated above.

SIGNATURE Henry J Hadley (Degree or title) MD ADDRESS 461 Nichols [illegible] DATE SIGNED April 28 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 30-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Apr. 28-53
REGISTRAR'S SIGNATURE Howard I Beall
24. FUNERAL DIRECTOR J. Wm Lee Sons Co. ADDRESS 300-4th St N.E. Washington 2, D.C.

RECEIVED
MAY 4 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01318

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmer Manor
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3907 Newark Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmer Manor
STREET ADDRESS (If rural give location) 3907 NEWARK RD.

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) CHAPMAN (Last) SORRELL

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 20, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Sorrell
14. MOTHER'S MAIDEN NAME: Martha King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO.: 579-10-1880
17. INFORMANT & ADDRESS: Mabel H. Sorrell, Colmer Manor Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3-27-53.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1953, to 4-2, 1953, that I last saw the deceased alive on 4-2, 1953, and that death occurred at 3 AM., from the causes and on the date stated above.

SIGNATURE George Haguay (Degree or title) ADDRESS 3717-38th Ave. Cottage City Md DATE SIGNED 4-2-53

23. BURIAL, CREMATION, REMOVAL? (Specify) [redacted]
DATE THEREOF 4/2/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, Town, or County) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR April 2 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L.H. Hines Co.
ADDRESS 2901-14th St. N.W. Washington 9, D.C.

APR 8 1953

3673

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-4-15
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Connelly [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage and shock

812X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing injuries

(c) the head, body and extremities

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible]
(CITY OR TOWN) Silver Hill (COUNTY) [illegible] (STATE) Md
TIME OF INJURY (Month) 4 (Day) 25 (Year) 53 (Hour) 1:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Pedestrian struck, an [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 4-[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/27/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 4-26-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L Gasche sons Hyattsville Md ADDRESS

Howard Beall CME

RECEIVED
APR 29 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

94320 Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Beverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover P. O.; STREET ADDRESS (If rural give location) Ardmore, Md.

3. NAME OF DECEASED: (First) ANNA (Middle) M. (Last) STOUT

4. DATE OF DEATH: (Month) Apr. (Day) 27, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 29 1887

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. IF BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U-S-A.

13. FATHER'S NAME: John Joachim

14. MOTHER'S MAIDEN NAME: Priscilla K.A. Cordes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wayne H. Stout -- 4212 Russell Ave. Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Coronary Heart Disease — Interval Between Onset And Death: 5 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ; DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to 4/27, 1953, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brannon MD ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF Apr. 29, 1953 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 27-53 REGISTRAR'S SIGNATURE Howard J. Beall

24. FUNERAL DIRECTOR J.W. Lee Sons Co. ADDRESS 300-4th St NE

April 30/1953 Amanda Downey

VS. 15-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1321

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2818 - 74th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) (Last) Stratton

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-27-1885
9. AGE last birthday: 67 - yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X

Immediate cause (a) DUE TO Dehydration, Cerebral arteriosclerosis — Interval Between Onset And Death 4-5 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Parkinson's disease 10 yr.

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1952, to 4-7, 1953, that I last saw the deceased alive on 4-6, 1953, and that death occurred at 3.40 AM from the causes and on the date stated above.

SIGNATURE N. Bauer (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 4-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) transportation
DATE THEREOF 3/7/53
NAME OF CEMETERY OR CREMATORY Blossburg
LOCATION (City, town, or county) Pennsylvania (State)

DATE REC'D BY LOCAL REGISTRAR April 7 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED
APR 10
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 1322

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3/29/53 - 4/2/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 4217 Woodbury St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Swindell

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 10-15-1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer Owner
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Swindell
14. MOTHER'S MAIDEN NAME: Margaret Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: 4217 Woodbury St. Mrs. Remsburg - Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1 Immediate cause (a) Uremia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute gangrenous appendicitis — 9 days

DUE TO

(c) with Perforation

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 29, 1953
19b. MAJOR FINDINGS OF OPERATION acute gangrenous appendicitis with Perforation
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 29, 1953, to Apr 2, 1953, that I last saw the deceased alive on Apr 2, 1953, and that death occurred at 9.50 AM, from the causes and on the date stated above.

SIGNATURE Samuel J. Hugar (Degree or title) M.D. ADDRESS 4300 Kaywood Drive Mt Rainier Md DATE SIGNED 4/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/4/53 NAME OF CEMETERY OR CREMATORY Merritt Cemetery LOCATION (City, town, or county) Merritt, N. Car (State)

DATE REC'D BY LOCAL REGISTRAR 4/2/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Kalley's Funeral Home, Inc. ADDRESS 3200 - R. I. Ave, Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1953
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1323

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattesville. LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattesville Conv. Home 7911 Marlboro Pike S. E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jerry (Middle) Willowbroad (Last) Tayman
4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 15 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: P.O. Employee.
11. BIRTHPLACE (State or foreign country): Forestville Md.
12. CITIZEN OF WHAT COUNTRY? Yes.
13. FATHER'S NAME: Samuel O. Tayman
14. MOTHER'S MAIDEN NAME: Georgie L. Ogle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Albert Tayman (son) 3512 Carpenter St. S.E. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Increased intracranial pressure — Interval Between Onset And Death: 8 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) 3rd Cerebrovascular accident (probably cerebral hemorrhage) — 8 hours

DUE TO

(c) Cardio-vascular-renal disease — 2+ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (a) 2 previous cerebrovascular accidents — 2 yrs., 6 weeks; (b) Myocardial ischemia and fibrillation — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1953, to April 27, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 7:50 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Hugh S. Geiger, Jr., M.D. ADDRESS 2716 Kirkwood Place, W. Hyattsville, Md. DATE SIGNED April 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 29-53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Pr Geo (State) Md
DATE REC'D BY LOCAL REGISTRAR April 27 1953 REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR J. W. McLeesons Co. ADDRESS Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

04324

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5700 - Ritchie Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 5700 Ritchie Rd

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) Elizabeth (Last) Thomas
4. DATE OF DEATH (Month) April (Day) 11 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 29, 1882
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Queen
14. MOTHER'S MAIDEN NAME Hester Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS May Martha E. Landers 1014 Columbia Rd N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 x Immediate cause (a) Acute congestive heart failure.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 4-11-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/15/53
NAME OF CEMETERY OR CREMATORY Mt. Calvary Catholic
LOCATION (City, town, or county) Forestville, (State) Md.

DATE REC'D BY LOCAL REG. April 15-53
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Ritchie Brothers ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

RECEIVED
APR 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04325

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4/11 - 4/11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md
STREET ADDRESS (If rural give location) 6352 Quincy Pl. apt 201

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) C (Last) TOWNSEND.

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 5-5-89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Bookeeper

10b. KIND OF BUSINESS OR INDUSTRY: Hotel Supply Co.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Townsend

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Myocardial Infarction - L. ant descending DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis DUE TO

(c) Generalized Arteriosclerosis

Interval Between Onset And Death: (a) 4 hours. (b) 5 years. (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — 10 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 19 53 to 4-11-, 19 53, that I last saw the deceased alive on 4-11-, 19 53 and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert Roth M.D. Riverdale 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF April 13, 1953

NAME OF CEMETERY OR CREMATORY Ft Lincoln Crematory

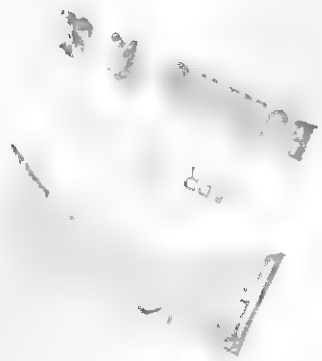
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/13/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gaudisons ADDRESS Hyattsville Md

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr Geos Co — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geos; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill Md; STREET ADDRESS (If rural, give location) 6858 Oxon Hill Rd S E

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) J. (Last) TROLLINGER

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: aug 29-1888

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Tinsmith

11. BIRTHPLACE (State or foreign country): Catawba, N C

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: William S. Trollinger

14. MOTHER'S MAIDEN NAME: Nancy Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: A. B. Trollinger - 6858 Oxon Hill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

542X

Immediate cause (a) Uremia — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — Interval Between Onset and Death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiac disease — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 53, to April 2, 1953, that I last saw the deceased alive on April 1, 53, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE Harry G Hubley (Degree or title) ADDRESS 1252 6th St., S.W. DATE SIGNED April 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 4-53 — NAME OF CEMETERY OR CREMATORY Red Church Cemetery — LOCATION (City, town, or county) (State) Jonesville N. C.

DATE REC'D BY LOCAL REG. April 2-53 — REGISTRAR'S SIGNATURE Howard J Beall

24. FUNERAL DIRECTOR Simmons Bros — ADDRESS 2007 — nichols ave S.E. DC

APR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (In this place): 8 Mos. 29 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church
STREET ADDRESS (If rural, give location): 203 Fairmont St.

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) J. (Last) TURNBURKE

4. DATE OF DEATH: (Month) 4 — (Day) 12 — (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 8-6-1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. John M. McLinquist, 203 Fairmont St. Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42-2.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: Many Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Endocarditis — " "

(c) General Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Pyemphangitis - both Legs — " "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13-, 1952 to 4-12, 1953, that I last saw the deceased alive on 4-12, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James P. Sands M.D. Laurel Sanitarium, Laurel, Md. 4-12-1953

BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 4/17/53

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Alexandria Va

DATE REC'D BY LOCAL REG.: Apr 12-53

REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Josiah S. Ecord — ADDRESS: Alexandria Va

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 328

CERTIFICATE OF DEATH

Reg. Dist. No. 2831

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md. -; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md. -; STREET ADDRESS (If rural, give location) 4502 Emerson Street -

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Waller

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W -

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3 Mar. 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Colmans Manor Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Waller

14. MOTHER'S MAIDEN NAME: Mary A. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.; (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary Tuberculosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1952 to 4-21, 1952 that I last saw the deceased alive on 4-21, 1952 and that death occurred at 1:35 P m., from the causes and on the date stated above.

SIGNATURE W. K. Etienne (DEGREE OR TITLE) M.D. ADDRESS College Park, Md DATE SIGNED 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-23-53

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. April 23 1953

REGISTRAR'S SIGNATURE Amanda Downs

24. FUNERAL DIRECTOR E. Davis Sons

ADDRESS Hyattsville, Md.

RECEIVED
APR 27 1953
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Hill
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5000 Nichols ave S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Plains
STREET ADDRESS (If rural, give location) Home for Aged.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Wernig
4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 19 53

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-13-86
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Home for the Aged, Reco. S

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Ford (Degree or title) M.D. ADDRESS Forestville, Md DATE SIGNED 4-24-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. April 24/53
REGISTRAR'S SIGNATURE Howard Beall Amanda Downey
24. FUNERAL DIRECTOR ADDRESS

April - 24th 53 Taken to D.C. Morgue Bob. Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 132 M. St., S.W.

3. NAME OF DECEASED (Type or Print) (First) Carlton (Middle) F (Last) White
4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-26-32
9. AGE last birthday 20 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert F. White
14. MOTHER'S MAIDEN NAME Ida Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 577-42-1704
17. INFORMANT AND ADDRESS Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

16X Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Beltsville (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-25-53 1 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collided with rear of another truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. - Hyattsville, Md - 4-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 26 April 53
NAME OF CEMETERY OR CREMATORY Rhines Funeral Home
LOCATION (City, town, or county) (State) 901-3rd St. S.W. Wash D.C.

DATE REC'D BY LOCAL REG. 4-26-1953
REGISTRAR'S SIGNATURE Amanda Dewey
24. FUNERAL DIRECTOR John T. Rhine & Co. ADDRESS 901-3rd St. S.W. Wash. D.C.

April 27 1953 Jamie Dewey

3683

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A

1

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]231

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8 51

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale.
STREET ADDRESS (If rural, give location) 5900 - 67TH Ave

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) EPHRIAM (Last) White

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 3-17-78

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: FRANK M. WHITE - 5900 - 67 Ave Riverdale MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of Right Lung — INTERVAL BETWEEN ONSET AND DEATH: 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-, 1952, to 4-14-, 1953 that I last saw the deceased alive on 4-14-, 1953, and that death occurred at 7:30 Am., from the causes and on the date stated above.

SIGNATURE Albert Roth M.D. (DEGREE OR TITLE) ADDRESS Riverdale DATE SIGNED 4-15-53

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION — DATE THEREOF 4/18/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland Pr. Geo. Co. MD

DATE REC'D BY LOCAL REG. 4/18/53 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS Riverdale MD

RECEIVED
APR 27 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

232

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Jewel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Morningside
STREET ADDRESS (If rural, give location): 403 Maples Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Herbert Goldsborough Wilkins
4. DATE OF DEATH (Month) (Day) (Year): 12 April 1953 19 .

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 29 July 1891
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Race Horse Trainer - Ret
10b. KIND OF BUSINESS OR INDUSTRY: Hopkins & Wayson
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert G. Wilkins
14. MOTHER'S MAIDEN NAME: Mamie Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Yes — (If yes, give war or dates of service) NB 1910-1911
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Bartus J. Wilkins Morningside, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): James [illegible] — ADDRESS: Forestville, Md — DATE SIGNED: 4-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-15-53
NAME OF CEMETERY OR CREMATORY: Lassaul Cem
LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG.: 4/14/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR — ADDRESS: Pratt & B. M. Walters, Pratt & Stricker St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]33

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Washington Blvd

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) M (Last) Williams
4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 7, 1896
9. AGE last birthday: ~~55~~ 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wilson Co. North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Farmer
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Cliff D. Williams, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.

Immediate cause (a) Myocardial Infarction, Acute — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

DUE TO

Antecedent cause(s) (b) Arteriosclerosis Heart Disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 4/28, 1953 to 4/28, 1953 that I last saw the deceased alive on 4/28, 1953 and that death occurred at 4:30A m., from the causes and on the date stated above.

SIGNATURE R. L. Erickson (DEGREE OR TITLE) MD. ADDRESS 305 Prince George St. Laurel, Maryland DATE SIGNED 4/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF April 30 1953 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. Apr 29-53 REGISTRAR'S SIGNATURE M. Brushears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04334

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4/9/53 - 4/12/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp. 2638 Nicholson St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kentwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lenora (Last) Woods
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: March 3, 1912
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N. W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert L. Grimes
14. MOTHER'S MAIDEN NAME: Minnie M. Beall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Acute Hepatic Insufficiency

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cirrhosis of the Liver

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1953, to 4-12, 1953, that I last saw the deceased alive on 4-12, 1953, and that death occurred at 5 30 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chr. Etienne M.D. ADDRESS College Park, Md DATE SIGNED 4-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/15/53
NAME OF CEMETERY OR CREMATORY George Washington
LOCATION (City, town, or county) Hyattsville Md (State)
DATE REC'D BY LOCAL REGISTRAR 4-13-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gescha sons ADDRESS Hyattsville Md

3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1953
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04335

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS In front of Federal Diner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre Ile Grace ?
STREET ADDRESS (If rural, give location) Md ?

3. NAME OF DECEASED (Type or Print) (First) Garland (Middle) Fred (Last) Wyatt

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 17, 1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Havredigrace
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Guy Wyatt
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Records found on deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull - crushed chest and (c) pelvis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Beltsville (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 20 (Year) 53 (Hour) P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. (Degree or title) ADDRESS Cheverly - Maryland - DATE SIGNED 4-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/22/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Baltimore City (State) Md

DATE REC'D BY LOCAL REG. 4-22-53
REGISTRAR'S SIGNATURE Amanda Downey
John D. Smith - cmf
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

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VS-A15A

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APR 28 1953
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